1/12/00-90017-010-$61.25-$61.25

3)

DOCUMENT # 770550

1. Entity Name

BREAKAWAY CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State
01-12-2000 90017 010 ****61.25

Principal Place of Business	Mailing Address
2705 SCENIC HWY 983 ~~151 REGIONS WAY #2A~~ DESTIN FL 32541 US	PO BOX 5956 DESTIN FL 32540-5956 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2705 SCENIC Hwy 98 #3	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DESTIN FL	City & State
Zip: 32541 Country: US	Zip Country

4. FEI Number 59-2655075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALLACE, KELLI A 2705 SCENIC HWY 98 #3 DESTIN FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, DENNY PO BOX 1376 DESTIN FL 32540	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALLACE, DAVID 2705 SCENIC HWY 98 #3 DESTIN, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PALMER, ROBERT 2705 SCENIC HWY 98#20 DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LITTRELL, JAMES JEFFREY 2705 SCENIC HWY 98 # 10 DESTIN FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KUHNE, OLLIE 5015 VALLEY FARM RD TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEENE, JANE 112 MAYARD DR LAFAYETTE LA 70503-3724	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEENE, JANE 112 MAYARD DR LAFAYETTE LA 70503-3724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMPKINS, SCOTT 2705 SCENIC HWY 98 # 18 DESTIN FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M WALLACE, KELLI 2705 SCENIC HWY 98#3 DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMER, ROBERT E. 2705 SCENIC HWY 98 # 20 DESTIN FL 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James T. Littrell EQUITABLE James T. Littrell 1/4/2000 850-651-7172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #